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## \*BIBDATASHEET\*

CONFIRMATION NO. 6679

Bib Data Sheet

|                             |                                       |              |                        |                                |
|-----------------------------|---------------------------------------|--------------|------------------------|--------------------------------|
| SERIAL NUMBER<br>10/645,109 | FILING DATE<br>08/21/2003<br><br>RULE | CLASS<br>602 | GROUP ART UNIT<br>3743 | ATTORNEY DOCKET NO.<br>DMG-101 |
|-----------------------------|---------------------------------------|--------------|------------------------|--------------------------------|

## APPLICANTS

Douglas M. Goumas, Bedford, NH;

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/405,627 08/22/2002 OK

FHD

## \*\* FOREIGN APPLICATIONS \*\*\*\*\* NONE

FHD

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* SMALL ENTITY \*\*

\*\* 11/14/2003

|   |                           |                        |                       |                            |
|---|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR<br>COUNTRY<br>NH | SHEETS<br>DRAWING<br>3 | TOTAL<br>CLAIMS<br>27 | INDEPENDENT<br>CLAIMS<br>2 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                           |                        |                       |                            |
| Verified and Acknowledged<br>Examiner's Signature: FHD Initials: _____  |                           |                        |                       |                            |

## ADDRESS

20028

LAW OFFICE OF BARRY R LIPSITZ

755 MAIN STREET

MONROE, CT

06468

## TITLE

Preformed brace for treating metacarpal fractures and method of treating metacarpal fractures

|                                   |   |   |
|-----------------------------------|---|---|
| FILING FEE<br><br>RECEIVED<br>438 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input checked="" type="checkbox"/> All Fees<br><input checked="" type="checkbox"/> 1.16 Fees ( Filing )<br><input checked="" type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input checked="" type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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